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State/Territory Name: CT

State Plan Amendment (SPA) 21-0027

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

May 4, 2022

Deidre S. Gifford, Commissioner
Department of Social Services
55 Farmington Avenue, 9th Floor
Hartford, CT 06105-3730

RE: Connecticut 21-0027

Dear Commissioner Gifford:

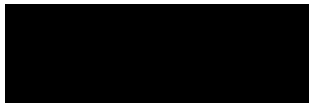
We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 21-0027. Effective July 1, 2021, this amendment proposes reimbursement changes for private intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs). Specifically, this SPA provides specified fair rent increases and implements a rate increase of 4.3% to pay for costs of wage and benefit enhancements.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This is to inform you that Medicaid State plan amendment TN 21-0027 is approved effective July 1, 2021. The CMS-179 and the amended plan page(s) are attached.



If you have any additional questions or need further assistance, please contact Novena James-Hailey at (617) 565-1291 or Novena.JamesHailey@cms.hhs.gov.

Sincerely,



Rory Howe
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 21-0027	2. STATE: CT
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF STATE PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE: July 1, 2021	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(15) of the Social Security Act and 42 CFR 440.150 and 447.253(a) and (b)	7. FEDERAL BUDGET IMPACT: a. FFY 2021: \$532,000 \$267,455 b. FFY 2022: \$3.2 million \$1,307,771		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D, Page 64(e)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) New		
10. SUBJECT OF AMENDMENT: This SPA amends Attachment 4.19-D of the Medicaid State Plan to make a number of reimbursement changes for private intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs). First, during State Fiscal Years (SFY) 2022 and 2023 , this SPA provides fair rent increases for documented fair rent additions placed in service in the most recent cost report year that are not otherwise included in the issued rate and fair rent increases for each facility that has undergone a material change in circumstances related to fair rent and has an approved certificate of need. Second, to pay for costs of wage and benefit enhancements, this SPA implements a rate increase of 4.5% 4.3% in SFY 2022 and another rate increase of 4.5% in SFY 2023. Third, during SFY 2022 and SFY 2023, this SPA implements a \$501 minimum rate per day for all private ICF/IIDs, so that each ICF/IID that was below this level (after application of the fair rent increases and 4.5% rate increases described above) will be increased to \$501 per day.			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Connecticut Department of Social Services 55 Farmington Avenue- 9 th Floor Hartford, CT 06105 Attention: Ginny Mahoney		
13. TYPED NAME: Deidre S. Gifford, MD, MPH	FOR REGIONAL OFFICE USE ONLY		
14. TITLE: Commissioner			
15. DATE SUBMITTED: September 30, 2021			
17. DATE RECEIVED: September 30, 2021	18. DATE APPROVED: May 4, 2022		
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2021	REGIONAL OFFICIAL: 		
21. TYPED NAME: Rory Howe	22. TITLE: Director, Financial Management Group		
23. REMARKS: Pen and ink changes in blocks numbers 7 and 10 per state request on March 28, 2022.			

**State Plan under Title XIX of the Social Security Act
State of Connecticut
Methods for Establishing Payment Rates – Intermediate Care Facilities for
Individuals with Intellectual Disabilities (ICF/IID)**

For the fiscal year ending June 30, 2022, except as otherwise provided below, rates shall not exceed those in effect for the fiscal year ending June 30, 2021, except pro rata fair rent increases will be provided to facilities that have documented fair rent additions placed in service in the cost report year ending September 30, 2020, that are not otherwise included in rates issued.

For the fiscal year ending June 30, 2022, fair rent increases will be provided to any facility that has undergone a material change in circumstances related to fair rent and has an approved certificate of need.

For the fiscal year ending June 30, 2022, rates are increased by 4.30% for the purpose of wage and benefit enhancements for employees of ICF/IID. Facilities that receive a rate adjustment for the purpose of wage and benefit enhancements but do not provide increases in employee salaries will be subject to a rate decrease in the same amount as the rate increase retroactive to the date of that rate increase.

TN # 21-0027

Supersedes

TN # NEW

Approval Date May 4, 2022

Effective Date 07/01/2021